

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 712026

1. Entity Name
INTERNATIONAL COUNCIL OF CENTRAL FLORIDA, INC.



Principal Place of Business
1400 W FAIRBANKS, 102
SUITE 102
WINTER PARK, FL 32789

Mailing Address
1400 W FAIRBANKS, 102
SUITE 102
WINTER PARK, FL 32789



04252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1837575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASTANG, LAWRENCE J
1400 W. FAIRBANKS, #102
WINTER PARK, FL 32789

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000340736
04/28/05-80130-014 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FORSTER, GARY
STREET ADDRESS PO BOX 915408
CITY-ST-ZIP LONGWOOD, FL 327915408

TITLE VPD
NAME GEHRI, PATRICIA
STREET ADDRESS 1850 LEE RD, STE 300
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE SD
NAME LASCH, MARLENE
STREET ADDRESS PO BOX 915408
CITY-ST-ZIP LONGWOOD, FL 327915408

TITLE TD
NAME CHASTANG, LAWRENCE
STREET ADDRESS 1400 W FAIRBANKS AV #102
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 407-625-1944
Date Daytime Phone